

NON-CERTIFIED ORGANIC GROWERS QUESTIONNAIRE
(Attach to Growers Application)

VENDOR NAME: _____

FARM (IF APPLICABLE) _____

ADDRESS: _____

DAYTIME PHONE NUMBER () _____

OFFICE PHONE NUMBER AND FAX () _____

EMAIL: _____

The purpose of these questions is to enable the Farmers' Community Market of Brookside Vendor Committee members to gauge an applicant's knowledge of organic agricultural practices and his/her ability to execute them. This is necessary if the applicant is not certified by a recognized third party organic certifier under the NOP. Our intent is not to mandate a specific practice or project (for example, that the grower must use compost); however, we are looking for a general knowledge of accepted organic practices. Use a continuation sheet if necessary.

(1) Describe your fertility management program. Explain what soil-building practices you follow and how they fit into your cropping plan. For example, if you use cover crops, describe which ones you plant and their frequency in your rotation.

(2) Outline your basic vegetable crop rotation. You may refer to question 1., if you have described it in the answer above.

(3) What are your major weeds? Describe your weed control practices.

(4) What are your major pests? Describe your pest control procedures. List the inputs you use.

(5) Do you raise your own transplants? If so, describe how? If not, list the name of your supplier or where the plant procured from.